									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000										08	945	6	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL		
TOTAL CLAIMS			/ Ψ					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	<b>≆</b> 355.00	OR	basic fee	710.00	
TOTAL CHARGEABLE CLAIMS			14 minus 20=		· Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			Z minus 3 =		· Ø			X40=		OR	X80≈		
MULTIPLE C	EPENDENT CL	RESENT					+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter *0* in column 2							TOTAL		OR	TOTAL	7/0		
CLAIMS AS AMENDED - PART II											OTHER		
(Column 1) (Column 2) (Column 3)								SMAL	LENTITY	OR	SMALL		
AMENDMENT A Total Independent	REMAI AFTI AMEND	NING ER		NUM PREVE	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	. 19		Minus	<b></b> 2	$\mathcal{D}$	-		X\$ 9=		OR	X\$18=		
Indepen	<u></u>	25.4	Minus					X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTA		OR	TOTAL ADDIT, FEE	`	
7-7-0 5(Column 1) (Column 2) (Column 3)									E	•	, , , , , , , , , , , , , , , , , , ,		
<b>m</b>	CLAI REMAI AFTI AMEND	MS NING ER		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Indepen	. 60	2	Minus	30	0	- /		X\$ 9=		OR	X\$18=		
indepen			Minus	***	3	•		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b>J</b>	+135=		OR	+270=		
								. YOT/ ADDIT. FE	-	OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
Total Independent Control of the Con	REMAI AFTI AMEND	NING ER		NUM PREVI	HESY IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total .	. 6	)	Minus	Ü	0			X\$ 9=		OR	X\$18=		
Indepen			Minus	***	3	<u>-                                    </u>		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."								101/	ı l	OR	TOTAL		
""If the "High	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Notel or Independent) is the highest number lound in the paid For" (Notel or Independent) is the highest number found in the paid For" (Notel or Independent) is the highest number found in the paid For" (Notel or Independent).										ADDIT. FEE	<b></b>	
I ne ragh	ss: Rumber Previo	ously Pai	o ror (Total O	r indapend	ently is the	nighest numb	er lo	ung in the	abblobusts po	ix on ca	xumn 1.		

FORM PTO-675 (Rev. 8/00)

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